

# Virginia Department of Fire Programs Parent/Guardian Consent Form

VDFP School # _____
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(to be filed with VDFP Division Office prior to participating in approved VDFP training courses)

Note: All applicants age 16 or 17, must have parent or guardian signature

Please review and complete the information below. Sign your name/date with a daytime telephone number and forward this original document to the appropriate Virginia Department of Fire Programs Division Office or course coordinator prior to your son/daughter participating in any approved VDFP course. Registration for course will be denied until such time form is completed in its' entirety.

Junior Firefighter Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Participating Fire Department: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_, hereby certify that we/ I am the parent(s) and/or lawful guardian(s) of \_\_\_\_\_, Date of Birth \_\_\_\_\_.

We/ I FULLY UNDERSTAND that the occupation of Firefighting has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to Teenagers and will instruct the Minor that: (a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in these courses involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily burns and excessive smoke inhalation; (b) these risks and dangers may be caused by the Minor's own actions or inaction, the actions or inaction of others participating in the training program; (c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

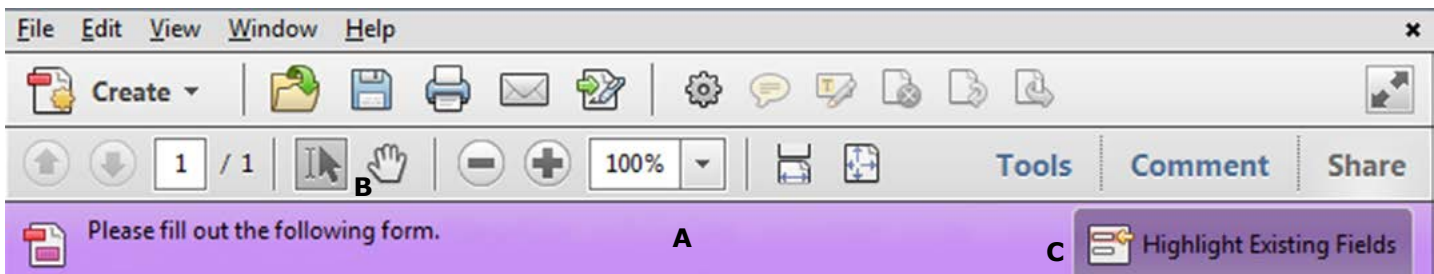
We/ I consent to the Minor's participation in the approved firefighting training activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

We/ I further understand that the Virginia Department of Fire Programs furnishes qualified instructors for each course which are authorized to exercise judgment and discretion in the performance of their duties while training firefighter in the Commonwealth of Virginia to protect the lives and properties of their communities. We / I also understand that VDFP and the approved instructors do not offer personal liability or Workers Compensation insurance on any participants involved in fire fighting training activities.

WE/ I HAVE READ THIS PARENTAL/GUARDIAN CONSENT FORM. We/ I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give our/ my permission for my child/ward to attend and participate fully in all activities.

My parent(s) or legal guardian and I have read this form and thoroughly understand the potential dangers involved with firefighting activities.

Printed Name of Junior Firefighter	Signature of Junior Firefighter	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Daytime contact telephone number		



## Instructions for Completing Fillable PDF Form:

Please make sure that the latest version of **Adobe Reader** is installed on your PC to complete the fillable PDF form. You may Download the **FREE** Macintosh or Windows versions of Adobe Reader from Adobe at: <https://get.adobe.com/reader/>




### 1. Open the PDF, Click File > Save file as

Name the file your **first name\_last name and the date** and choose a location to save the file on your computer before completing the form. (jon\_doe\_01\_01\_16.pdf)

Once you have saved the interactive form to your computer, you are ready to **fill in the required information**. (Be sure to **save** and **retain** a copy of the completed form for your records.)

### 2. Fill in interactive form


An interactive form contains fields that you can select or fill in.

- A. Purple message bar indicates presence of fillable fields.
- B. Right-click the document, and select either the Hand Tool or the Select Tool from the pop-up menu.  or 
- C. To make form fields easier to identify, click the Highlight Existing Fields button on the document message bar. 

Form fields appear with a colored background light blue, and all **required form fields** are outlined in **red**.

- D. Click to select options, such as list boxes. Click inside a text field to type.

\*Note: The pointer changes to a different icon as you move it over a field. For example, the Hand tool changes to an I-beam when you can type text into the form field.

- E. When finished filling in all of the required information, **save** the form and **click the Email address at the top** to create an Email. (staff.name@vdfp.virginia.gov) 

- F. **Attach** the completed PDF and send.  


### – You may also Mail the Form:

Please print the completed form with all of the required information and mail to:  
**1005 Technology Park Drive**  
**Glen Allen, Virginia 23059**

### – You may also Fax the Form:

Please print the completed form with all of the required information and Fax to:  
**(804) 371-3444**

### 3. Print form

- Choose **File > Print** or Click the Print button. 
- Choose a printer from the menu at the top of the Print dialog box.
- In the **Comments and Forms menu** in the upper-right area of the Print dialog box, **choose Document**, and then **click OK**:

\*Note: To print the form and the typed entries, You **MUST choose Document**. This option prints text you've typed using the Add Text tool.